

## CHAPTER 3

### SECTION 8.4

# SURGERY FOR MORBID OBESITY

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#### I. PROCEDURE CODE RANGE

**43842 - 43848**

#### II. DESCRIPTION

Morbid obesity means the body weight is 100 pounds over ideal weight for height and bone structure, according to the most current Metropolitan Life Table, and such weight is in association with severe medical conditions known to have higher mortality rates in association with morbid obesity; or, the body weight is 200 percent or more of ideal weight (e.g., for ideal body weight of 117 lbs., 200% would be 234 lbs.) for height and bone structure according to the most current Metropolitan Life Table.

#### III. POLICY

A. The morbid obesity benefit is limited to the gastric bypass, gastric stapling or gastroplasty, to include vertical banded gastroplasty. Benefits may be extended only when one of the following conditions is met:

1. The patient is 100 pounds over the ideal weight for height and bone structure and has one of these associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders and severe arthritis of the weight-bearing joints.

2. The patient is 200 percent or more of the ideal weight for height and bone structure. An associated medical condition is not required for this category.

3. The patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery (a takedown). The surgeon will, in many cases, do a gastric bypass, gastric stapling or gastroplasty at the same time as the takedown to help the patient avoid regaining the weight that was lost. In this situation, payment is authorized even though the patient's condition may not technically meet the definition of morbid obesity because of the weight that was already lost following the initial surgery.

#### IV. EXCLUSION

Payment may not be made for nonsurgical treatment of obesity, morbid obesity, dietary control or weight reduction.

V. EFFECTIVE DATE            December 27, 1982.

#### VI. POLICY CONSIDERATIONS

A. Any claim related to surgical treatment of morbid obesity must include documentation which gives the patient's history and shows that the patient meets the criteria for morbid obesity. Each claim related to surgical treatment of morbid obesity will be medically reviewed to assure compliance with the Program's criteria. Where necessary, additional clinical documentation must be obtained.

B. Even though the beneficiary may meet the morbid obesity criteria, gastric procedures are usually contraindicated when any of the conditions listed below are present. Cases in these groups shall not be categorically excluded. The contractor shall conduct a special review to ascertain that the surgery was medically appropriate in view of the circumstances. If the documentation does not support the medical appropriateness of the surgery, the contractor shall deny the claim.

1. The patient is older than 50 or younger than 18.
2. Renal failure.
3. Inflammatory bowel disease.
4. Pulmonary embolization.
5. Chronic alcoholism.
6. Active hepatitis.
7. Cirrhosis of the liver.
8. Organic brain syndrome.
9. Mental retardation.
10. Profound psychotic disturbance.
11. History of anorexia nervosa.
12. Malignant tumors.
13. Infection, particularly in the skin or elsewhere in the body.

**14. Dental disease.**

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